

Assisted Outpatient Treatment

In the _____ District Court of _____ County,
State of Utah

In the Matter of:

Application for Order for
Assisted Outpatient
Treatment

Proposed Patient (Full Name)

(Social Security Number)

Case No: _____

County of: _____

_____, being first duly sworn upon oath, deposes and says:

1. That _____^{Affiant} Date of Birth _____, now at: _____
Proposed Patient

is to the best knowledge and belief of the affiant, mentally ill and should be court-ordered to Assisted Outpatient Treatment with: _____, pursuant to the provisions of Utah
Local Mental Health Authority

Code Annotated 62A-15-630.5.

Such belief is based upon the following facts, to wit: _____

2a.* That the said _____, has been examined by a licensed
Proposed patient
physician or examiner which is attached hereto and by this reference made a part hereof, or

2b.* That the said _____, has been requested to but has
Proposed patient
refused to submit to an examination of mental condition by a licensed physician or person
qualified as a designated examiner.

(*Strike either paragraph 2a or 2b)

Affiant Signature

Relationship to Proposed Patient

Address

Signed on the _____ day of _____ at _____
Date Month, Year County

UCA 78B-18a-106

Printed Name

Signature

Names and addresses of those to be notified:

Parent(s) or Legal Guardian (adult ward):

Address Phone
Adult Family Member(s) Relationship to proposed patient

Address Phone
Legal Counsel

Address Phone
Other Person(s) Relationship to proposed Patient

Address Phone

CERTIFICATE

Upon the application of Affiant, I, Physician/Examiner,
a duly licensed physician in the State of Utah or a designated examiner duly appointed by
the Division of Substance Abuse and Mental Health pursuant to UCA 62A-15-602 (2002),
examined: Proposed Patient, on the day of, 20,
which is within a seven day period immediately preceding this certificate, and certify that in
my opinion the said proposed patient is mentally ill and should be court ordered to assisted
outpatient treatment to Local Mental Health Authority.

Dated this day of, 20.

Signature
Title
Address

Instructions: Proceedings for an assisted outpatient treatment court order for an individual who is 18 years of age or older may be commenced by filing a written application with the district court of the county in which the proposed patient resides or is found, by a responsible person who has reason to know of the condition of the proposed patient which lead to the belief that the individual is mentally ill and should be placed on an AOT court order. That application shall be accompanied by: (a) a certificate of a licensed physician or a designated examiner stating that within a seven-day period immediately preceding the certification the physician or designated examiner has examined the individual, and that he is of the opinion that the individual is mentally ill and should be placed on an AOT court order; or (b) a written statement by the applicant that the individual has been requested to but has refused to submit to an examination of mental condition by a licensed physician or designated examiner. The application shall follow in accordance with 78B-18a-106 Form of unsworn declaration and shall state the facts upon which the application is based.